## U.S. Department of Justice 03873-GJP Document See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF							COURT CASE NUMBER 14-3873			
Troy Moore Sr.							TYPE OF PROCESS			
SAAJIDA WALTON, Corrections Officer							Lawsuit S/C			
SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION SERVE OR DESCRIPTION OF THE PROPERTY OF THE PROP							TON OF PROPERTY TO SEIZE OR CONDEMN			
8301 S	tate Ro	ad-Phil	adelph	ia, Pa.	1913	6 Corr	rectional	Indus	t.Center	
		Apartment No.,								
AT \ 8301 S	tate Ro	ad-Phil	adelph	ia, Pa.	1913	36				
SEND NOTICE OF SERVICE COP							process to be			
							rved with this Form - 285			
I Troy Moor	9			<b>.</b>			1	1		
Fe2483 / CB1002						Number of parties to be served in this case		1		
SCI Fores						<u></u>				
P.O. Box 945							Check for service			
Marienville, Pa. 16239							on U.S.A.		xxx	
SPECIAL INSTRUCTIONS OR OT Telephone Numbers, and Estimated To			`WILL ASSI	ST IN EXPEDIT	ING SEI	RVICE ( <u>Inclu</u>	de Business and Alt	ernate Addr	esses, All	
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I am formally	request	ing tha	it you	serve t	he de	efenda	nt(SAAJIDA	A WALT	ON)	
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forwarding add	ress fr	om the	HR der	ot. at t	ne as	oove me	entioned p olaintiff	a prison	(FICC).	
It is imperati	ve that	you se	rve Ju	lage kob	ureno	and j	piainciii	a		
copy of proces	s recei	рстпа	i cime	Ly manne	<b>.</b>				2	
Signature of Attorney or other Originator requesting service on behalf of:  TELEP							IONE NUMBER DATE			
DE DE						,		12-21-16		
SPACE BELOW FOR	LUSE OF	F <b>U.S. M</b> A	ARSHA	L ONLY –	– DO	NOT W	RITE BEL	OW TH	IS LINE	
acknowledge receipt for the total Total Process District District				Signature o	Signature of Authorized USMS De			puty or Clerk		
number of process indicated. (Sign only first USM 285 if more						\			10 20	
han one USM 285 is submitted)  No. USM 285 is submitted)  No. USM 285 is submitted)				Marie	u / yall				12-29-	
hereby certify and return that I   h	ave personally	served,  have	e legal evider	ice of service,	have exe	ecuted as show	vn in "Remarks", the	e process des	cribed	
n the individual, company, corporati	on, etc., at the a	iddress shown a	above or on th	he individual, con	npany, co	rporation, etc	., shown at the addre	ess inserted b	elow.	
I hereby certify and return that I a	m unable to loc	ate the individu	ual, company	, corporation, etc	, named a	ibove (See rei	marks below)			
lame and title of individual served (i	f not shown ahe	nve)					A person of	f suitable ac	e and dis-	
							A person of suitable age and discretion then residing in the defendant's usual place of abode.			
11		,						T		
Address (complete only if different than shown above)							Date of Service	Time	am	
									pm	
							Signature of U.S.	Marshal or l	Deputy	
Service Fee Total Mileage Cl	arges Forwa	arding Fee To	tal Charges	Advance Depo	sits A	mount owed	to U.S. Marshal or	Amount	of Refund	
(including ended			0	714 Marie Depo					0111011111	
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Thile Can Dept.	1197 100	! TUENT	TIABL	7. 11.	J- ;	, Hee	e instan	CPC	BING	
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